

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	(
2		1				
3		1				
4	1					
5	1					
6	1					
7		6				
8		6				
9		6				
10	1					
11	1					
12	-1					
13	-1					
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50						
TOTAL IND.	15					
TOTAL DEP.	40					
TOTAL CLAIMS	55					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						